

ATTACHMENT

Procedure Codes and Modifiers for Anesthesia Services

Some procedure codes within the ranges below may not be reimbursable by Wisconsin Medicaid. Consult the appropriate Maximum Allowable Fee Schedule on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ or call Provider Services at (800) 947-9627 or (608) 221-9883, regarding coverage of specific procedure and modifier combinations.

Modifier	Description
AA	Anesthesia services performed personally by anesthesiologist
QY	Medical direction of one certified registered nurse anesthetist (CRNA) by an anesthesiologist
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
QX	CRNA (or anesthesiologist assistant) service: with medical direction by a physician
QZ	CRNA service: without medical direction by a physician

Service	CPT Procedure Codes	Modifier Required?
Head	00100-00222	Yes
Neck	00300-00352	Yes
Thorax (Chest Wall and Shoulder Girdle)	00400-00474	Yes
Intrathoracic	00500-00580	Yes
Spine and Spinal Cord	00600-00670	Yes
Upper Abdomen	00700-00797	Yes
Lower Abdomen	00800-00882	Yes
Perineum	00902-00952	Yes
Pelvis (Except Hip)	01112-01190	Yes
Upper Leg (Except Knee)	01200-01274	Yes
Knee and Popliteal Area	01320-01444	Yes
Lower Leg (Below Knee, Includes Ankle and Foot)	01462-01522	Yes
Shoulder and Axilla	01610-01682	Yes
Upper Arm and Elbow	01710-01782	Yes
Forearm, Wrist, and Hand	01810-01860	Yes
Radiological Procedures	01905-01933	Yes
Burn Excisions or Debridement	01951-01953	Yes
Obstetric	01958-01969	Yes
Other Procedures	01990-01999	Yes

Service	CPT Procedure Codes	Modifier Required?
Vascular Injection Procedures (When Anesthesia Is Not Provided)	36000-36248, 36568-36569, 36580, 36584, 36600-36660	No
Invasive Monitoring	36555-36556, 36620, 93503	No
Catheter Insertion	62318-62319	No
Qualifying Circumstances for Anesthesia	99100-99140	Yes (AA only)